								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									\ <u>\</u>	2 7	٦ ,	a (· ·	
CLAIMS AS FILED - PART I								SMALL	ENI	TITY	/ 			
(Column 1) (Column 2)								TYPE			OR		R THAN ENTITY	
T	OTAL CLAIMS	3	9.9			•		RATE	Т	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00	
Τ	TAL CHARGE	ABLE CLAIMS	@ minus 20=		*	_		XS 9=	T		OR	XS18=		
INE	EPENDENT C	LAIMS	minus 3 =		•)		X43=	1	•	OR	X86=		
ML	ILTIPLE DEPEI	NDENT CLAIM P					+145=			OR	+290=	-		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	+		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II									-	•	_	OTHER	THAN	
8	7-23-06 (Column 1) (Column 2) (Column 2)							SMAL	LEN	YTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	T	ADDI- IONAL ·FEE		RATE	ADDI- TIONAL FEE	
	Total	. 6	Minus	- :	20	=		XS 9=			OR	X\$18=		
	Independent	1. 2	Minus	*** T	3			X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [+145=	T		OR	+290=		
								TOTA			OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEI	- L			ADDIT. FEE		
AMENDMENT B	CLAIMS REMAINING			HIGHEST			Ίг		TA	ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT		RATE	TI	ONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	T		OR	X\$18=		
	Independent		Minus	***	-	=		X43=	T		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									T		OR	+290=		
									╁			TOTAL	•	
								DDIT. FEE	: _ _		Un ,	ODIT. FEE		
7	(Column 1) CLAIMS			(Column 2) (Column 3)			_	•						
AMENDMENT C	· .	REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	JSLY	PRESENT EXTRA		RATE	TIC	DDI- ONAL EE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		· =		X\$ 9=	 		OR	X\$18=	PEE .	
	Independent	•	Minus	****		=	F	X43=	╁		· .			
٧ [FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								\vdash		OR	X86=		
- 16	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT, FEE			
T	he "Highest Num	mber Previously Paid ber Previously Paid	For (Total or	o orace is Independen	iess thar ii) is the	n 3, enter "3," highest number			prop	riate box				